

Missouri Educational Surrogate

Workshop Notification Form

1. Print the form
2. Fill out all sections
3. Mail or Fax to:

Educational Surrogate Program
Special Education Compliance
Department of Elementary & Secondary Education
PO Box 480
Jefferson City, MO 65102
Fax: 573-526-5946

Your name will be added to our mailing list to receive notice of future workshops.

First Name:		Last Name:	
Address:			
E-mail:			
City:		State:	Zip:
Home Phone:		Work Phone:	
Workshop Date*:			
Preferred Location of Training**:			

***NOTE:** Complete this if you are registering for a specific scheduled training.

****NOTE:** If no workshop is listed for your area or you are unable to attend the workshop(s) listed, please indicate what area of the state you would be able to attend training. (i.e., St. Louis, Kansas City, Jefferson City, Springfield, Cape Girardeau, etc.)

If you have special needs and/or require accommodations to attend training or for further information, please contact our office at 573-751-0699. Efforts will be made to accommodate those needs. Reasonable expenses to attend the training (mileage, meals, parking, etc.) will be reimbursed.